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CONFIRMATION NO. 3186

<b>SERIAL NUMBER</b> 10/638,239	<b>FILING OR 371(c) DATE</b> 08/08/2003 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3715	<b>ATTORNEY DOCKET NO.</b> 16078-002001
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## APPLICANTS

Osman Kibar, New York, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/462,569 04/15/2003 *SC*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NA SC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/06/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SC</i>				

## ADDRESS

26161

## TITLE

Determining a psychological state of a subject

<b>FILING FEE RECEIVED</b> 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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